PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10/511389

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THA				
TOTAL CLAIMS			COIDA	181 11	100]	RATE	FEE	OF.	BATE	FEE
FOR .			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC FE	+	OR		
TOTAL CHARGEABLE CLAIMS			 	,				VC 0	 	┤``	}	900
╟─		// minus 20=					XS 9=	 	POR	X\$16=		
	DEPENDENT	ENDENT CLAIM		ninus 3 =				X43=		OR	X86=	
Ľ		EIADEIAI COAIIMI	PRESENT		 :			+145=	·	OR	-290=	
• 1	If the difference in column 1 is less than zero, enter "0" in column						•	TOTAL		OF	TOTAL	950
7	IMIN	CLAIMS AS	AMENDE	MENDED - PART II (Column 2) (Column 3				SMALL	ĖNTITY	OR	OTHER SMALL	
	CLAIMS		1	HIGHE	ST	ST			ADDI-	7		ADDI-
NTA		REMAINING AFTER		PREVIO	USLY	PRESENT /		RATE	TIONAL		RATE	TIONAL FEE_/
ME	Total	AMENDMENT	Minus	PAIDF		=		76	1 - 5 -		XSU8s	-FEE
AMENDMENT	Independent	 	Minus	17.7		=	. 5	XX		OR		
₹		ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM	1/ -	1/	X 3=)	 /	99	1 (x8ft=)	
	<u> </u>			-				+145=	V	OR	+290=	
							 A	TOTAL		OR	TOTAL ADDIT. FEE	·
		(Column 1)		(Colum		(Column 3)			_	_		
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total		Minus	••		-		X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	660		B		X43=		OR:	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM			+145=		OR	+290=	
		•		-	-	•	Ŀ	TOTAL	· ·	. L	TOTAL	
							AC	DDIT. FEE		OR ,	ODIT. FEEL	
		(Column 1)		(Columi		(Column 3).	_		400:	r	т	ADDI-
S L		REMAINING AFTER AMENDMENT	:	NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
MENOMENT	Total	• .	Minus	••		=		X\$ 9=		OR	X\$18=	
E E	Independent	•	Minus	***			-	X43=		ŀ	X86=	
~ r	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		—
	Abo ando in anti-				· · ·		L	145=		OR [+290=	
11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE L	
		mber Previously Paid ber Previously Paid					louad	in the app	ppriate 504	ın colu	mn 1,	ŀ